

(12) PATENT ABRIDGMENT (11) Document No. AU-B-53864/98 (19) AUSTRALIAN PATENT OFFICE (10) Acceptance No. 742359

(54)**ENHANCEMENT PHALLOPLASTY**

International Patent Classification(s)

(51)⁶ A61B 017/00

A61F 002/26

(21) Application No.: 53864/98 (22) Application Date: 11.02.98

Priority Data (30)

(31)Number PO5060 (32)Date 11.02.97 (33)Country

AU AUŚTRALIA

Publication Date: 13.08.98 (43)

Publication Date of Accepted Application: 03.01.02 (44)

(71)Applicant(s)

COLIN CAMPBELL MARSHALL MOORE

Inventor(s) (72)

COLIN CAMPBELL MARSHALL MOORE

Prior Art Documents HTTP://WWW.2020TECH.COM/MENSURG/ABOUT.HTML HTTP://WWW.DRWHITEHEAD.COM/PE.HTML HTTP://ALTERMED.COM/PENHANCEMENT/GIRTH.HTML

(57) Claim

AUSTRALIA

Patents Act 1990

COMPLETE SPECIFICATION STANDARD PATENT

APPLICANT: COLIN CAMPBELL MARSHALL MOORE

NUMBER: PO 5060/97 FILING DATE: 11/ 2/1997

Invention Title: ENHANCEMENT PHALLOPLASTY

The following statement is a full description of this invention, including the best method of performing it known to me/us:

ENHANCEMENT PHALLOPLASTY

This invention relates to enhancement phalloplasty, which is a surgical procedure to modify the human penis, normally by increasing the length of or widening the penis.

5

BACKGROUND

There are several reasons for persons requiring operations of this type. The first is for persons who are born with small penises. These persons can often believe that they are the subject of derision and ridicule and the lack of size of the appendage can be emotionally very difficult for them.

A second is where persons, either for personal pleasure or for professional reasons, such as strip-tease dancers, actors and the like, wish to be seen to have a large penis.

There have been previously proposed methods of enhancement phalloplasty but these have not been fully successful.

The major object of the invention is to provide methods

20 of enhancement phalloplasty which provide satisfactory

results and which are safe procedures or at least provide a

useful alternative.

BRIEF DESCRIPTION OF INVENTION

In one broad form of the invention there is provided a method of widening a penis where a block of fat and attached dermis (dermal fat graft) is excised from the patient, the penis is degloved, the dermal fat graft is sutured to the exposed Bucks fascia and then reducing the penile skin.

DETAILED DESCRIPTION OF PREFERRED EMBODIMENTS

In order that embodiments of the invention may be more readily understood, I will describe certain procedures in accordance with preferred embodiments of the invention.

In one form, in relation to penile widening, I use a dermal fat graft. Dermal fat grafts are harvested from either the buttocks, lower back or lower abdomen and inserted under the skin of the penis by degloving the penis, suturing the grafts directly to Bucks Fascie and then the penile skin reduced. Two incisions are used on the penis one under the glans and one at the base.

20 Penile Widening by Dermal Fat Graft

٠...

With the patient under satisfactory general aesthesia and in the prone position, the buttock, anal area and thighs are prepared and draped. The areas of incision at the buttock/thigh fold on both legs, which were previously

marked, are infiltrated with a mixture of local anaesthetic and adrenalin and then the outer layers of the epidermis are dissected off over an area measuring of the order of 5 x 10cm. The actual size will be determined by the initial size of the penis measured preoperatively. Once the epidermis has been dissected free it is discarded. The exposed dermis, together with its layer of subtenant fat measuring approximately 2cm deep is excised en bloc using a mixture of cautery and sharp dissection.

The graft is then wrapped in a pack soaked in Ringer's solution and kept at room temperature. The wound is closed in layers. Dressings are applied.

10

20

The patient is then turned from the prone to the supine position while still anaesthetized and the lower abdomen, perineum and thighs prepared and draped.

The area of the incision is then infiltrated with a mixture of local anaesthetic and adrenalin.

If widening is done in conjunction with lengthening, the incision is usually vertical though it may be any combination of the incisions described under lengthening, above including the peno-scrotal incision. If widening is done alone then a transverse suprapubic incision is usually used although any of the above incisions may be used.

If the patient is already circumcised, infiltration of the old circumcision scar in its anterior half is also carried out. If the patient is not circumcised it is necessary to proceed to circumcision, as this is a requirement for dermal fat grafting, then the entire circumference of the penis at the proposed circumcision site is infiltrated with local anaesthetic and adrenalin.

If the peno-scrotal approach is being used with degloving of the penis, then a completely circumferential infiltrate with local anaesthetic is used whether the patient is circumcised or not.

10

20

Once the incision, be it peno-scrotal, or more commonly transverse suprapubic, has been carried down to the deeper layers by blunt dissection, the skin and superficial fascia of the penis is separated from the shaft of the underlying penis in its entire length and circumference.

At this point, the anterior half of the old circumcision scar is reopened (in the case of the suprapubic transverse incision) or the entire old circumcision scar or a new circumcision site is opened in the case of the uncircumcised and in the case of the peno-scrotal approach in the former. The penis is then degloved. The dermal fat graft is then sutured to the exposed Bucks fascia commencing on the coronal groove distally and going as far proximally as is possible

with the wound exposure. This should be at least well down into the region of the symphysial or mid-portion of the penile shaft. The graft is attached all around the shaft of the penis leaving only the corpus spongiosum exposed.

The penile skin is then reduced, the circumcision wound is then closed as is the peno-scrotal incision if it has been used after the dartos fascia has been closed.

If the suprapubic incision has been used it is closed in layers. Telfa is applied to the wounds and the penis is encased in a crepe bandage as a moderately compressed dressing.

Whilst I have described herein certain embodiments of the concept of the present invention, it is to be understood that modification can be made in the specific surgical techniques by the use of other techniques obvious to those skilled in the art.

The claims defining the invention are as follows:

- 1. A method of widening a penis wherein a dermal fat graft comprising a block of fat and attached dermis is excised from the patient, the penis is degloved, the dermal fat graft is sutured to the exposed Bucks fascia and then reducing the penile skin.
- 2. The method as claimed in Claim 1 wherein the dermal fat grafts are harvested from either the buttocks, lower back or lower abdomen.
- 10 3. A method of widening a penis substantially as herein described.

DATED this 5th day of November 2001.

15 -

5

Colin Campbell Marshall Moore By His Patent Attorneys WALLINGTON-DUMMER

ABSTRACT

A method of penile widening wherein a block of fat and attached dermis is excised (a dermal fat graft) from the patient, followed by degloving the penis and suturing the dermal fat graft to the exposed Bucks fascia.